

**ROSS MILLER Secretary of State** 206 North Carson Street Carson City, Nevada 89701-4299 (775) 684 5708

Website: www.nvsos.gov

## **Application of Registration** for Foreign Limited-Liability Partnership (PURSUANT TO NRS CHAPTER 87)

LISE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE LISE ONLY

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1. Name of Foreign Limited-Liability Partnership:			
2. Name Being Registered with Nevada: (see instructions)			
3. Date and State or Country of Formation:	Date Formed	State or Country wh	nere Authorized
4. Registered Agent for Service of Process: (check only one box)	Commercial Registered Agent:  Name  Noncommercial Registered Agent (name and address below)	OR Office or Positi (name and add	
	Name of Noncommercial Registered Agent OR N Street Address	Name of Title of Office or Other Position  City	with Entity  Nevada  Zip Code
	Mailing Address (if different from street address)	City	Nevada Zip Code
5. Street Address of Principal Office: (see instructions)	Street Address	City	State Zip Code
6. Name and Business Address of each Managing Partner in this State: (attach additional page if more than 2)	Name Business Address 2)	City	Nevada Zip Code
	Name Business Address	City	Nevada Zip Code
7. Name and Signature of General Partner Making Statement:	The partnership, hereafter, will be a registered limited-liability partnership:  X Name Authorized Signature  Name Authorized Signature		
8. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Register  X  Authorized Signature of Registered Agent or On	red Agent for the above named E	Entity.